24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
End Citizens United		C C00573261
		O statistic
Check if 24-hour report	ort Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee Gumbinner & Davies		Date of Public Distribution/Dissemination
Mailing Address 2001 S St NW		10 14 2016
Ste 301		Amount
	Zip Code	11028.49
Washington DC	20009-1164	Transaction ID : VSGDK9TD2T5 Date of Disbursement or Obligation
Purpose of Expenditure Print and postage	Category/ Type	10 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 01
Blum, Rodney, , ,	X Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	67324.82 Disk 2016	oursement For: Primary General Other (specify)
Full Name of Payee	·	Date of Public Distribution/Dissemination
Gumbinner & Davies		10 14 2016
Mailing Address 2001 S St NW		Amount
Ste 301		Allount
City State	Zip Code	11028.49
Washington DC	20009-1164	Transaction ID : VSGDK9TD2V2 Date of Disbursement or Obligation
Purpose of Expenditure Print and postage	Category/ Type	10 / 14 / 2016
Name of Federal Candidate	Support Office	ce Sought: House District: 01
VERNON, MONICA W, , ,	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	67324.82 Disl 201	oursement For: Primary X General 6 Other (specify) ▶
	l	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	22056.98
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	ically Filed] Date	10 16 2016
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
End Citizens United		C C00573261
Check if 24-hour report X 48-hour report X New report	ort Amends report fil	ed on Man / Dab / Yayayay
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination
		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave		Amount
Bldg 3 Suite 200 City State	Zip Code	8847.63
Glastonbury CT	06033-2470	Transaction ID : VSGDK9TD2W0 Date of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type	10 / 14 / 2016
Name of Federal Candidate	Support Of	fice Sought: House District: 19
Faso, John J., , ,	X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	464076.73 Dis	sbursement For: Primary General Other (specify)
Full Name of Payee	·	Date of Public Distribution/Dissemination
Mission Control		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave		Amount
Bldg 3 Suite 200		
City State Glastonbury CT	Zip Code	8847.63 Transaction ID: VSGDK9TD2Y6
Glastonbury CT Purpose of Expenditure	06033-2470	Date of Disbursement or Obligation
Postage	Category/ Type	10 14 2016
Name of Federal Candidate	Support Of	fice Sought: House District: 19
Faso, John J., , ,	x Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	17695.26
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
		7 7 7
(c) TOTAL Independent Expenditures	>	7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	ically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	-	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	JEI ENDENT EXI END			PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
End Citizens United			C	C00573261
Check if 24-hour report X 48-h	nour report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Mission Control			M - M	ic Distribution/Dissemination
Mailing Address 624 Hebron Ave			10 Amount	25 2016
Bldg 3 Suite 200				
City Glastonbury	State CT	Zip Code 06033-2470		8847.63 ID: VSGDK9TD2Z4 ursement or Obligation
Purpose of Expenditure Postage		Category/ Type	Date of Disb	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	✗ House District: 19
Faso, John J., , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		464076.73	Disbursement For: 2016 Other (sp	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mission Control			10	16 2016
Mailing Address 624 Hebron Ave			Amount	
Bldg 3 Suite 200		Zin Code		44200.77
City Glastonbury	State CT	Zip Code 06033-2470		11308.77 D: VSGDK9TD302 ursement or Obligation
Purpose of Expenditure Printing (estimated)		Category/ Type	10	14 2016
Name of Federal Candidate		Support	Office Sought:	X House District: 19
Faso, John J., , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	,	464076.73	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	dent Expenditures		>	20156.40
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		· •	
(c) TOTAL Independent Expenditure	S		·· •	7 7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Foucart, Brian, , ,	[Electron	ically Filed] Date	e 10 / 16	2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	HONES		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
End Citizens United			C	C00573261
Check if 24-hour report X 48-hour repo	rt New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Mission Control			10	20 / 2016
Mailing Address 624 Hebron Ave			Amount	
Bldg 3 Suite 200				
City	State	Zip Code		11313.77
Glastonbury	СТ	06033-2470		ID: VSGDK9TD310 bursement or Obligation
Purpose of Expenditure Printing (estimated)		Category/ Type	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	✗ House District: 19
Faso, John J., , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		464076.73	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Mission Control			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave			Amount	
Bldg 3 Suite 200				
City Glastonbury	State CT	Zip Code 06033-2470		11251.77 ID: VSGDK9TD328
Purpose of Expenditure Printing (estimated)		Category/ Type	Date of Dist	bursement or Obligation / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	✗ House District:19
Faso, John J., , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	, , ,	464076.73	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures			22565.54
(b) SUBTOTAL of Unitemized Independent Ex	openditures			
.,	•			4 4
(c) TOTAL Independent Expenditures			•	82474.18
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Foucart, Brian, , ,	[Electron	nically Filed] Date	10 16	2016
Signature				